



Diseases Once Eradicated Are Making a Comeback

By Karen Lees, CSG Student

The perfect storm for a humanitarian and public health disaster is brewing in the U.S. and the mainstream media is largely ignoring it. It's the politically incorrect elephant in the room no one wants to talk about.

With the influx of well [over one million](#) new persons each year not born in the U.S, diseases that rarely occurred or were eliminated have begun to re-emerge, putting all Americans at risk. [Breitbart](#) reports, "Until recently, most Americans believed these diseases were gone from our shores for good. But a politicized public health system, and a rise in the subsidized migration into the United States, however, have combined to reverse a century of progress."

Below is a list of six diseases now making a comeback:

1. [Tuberculosis](#): Of the entire U.S. population, only 4 percent test positive for latent tuberculosis while 33 percent of the world population tests positive. However, of the refugees resettled in Minnesota alone, 22 percent tested positive, according to the [Minnesota Department of Health](#). [A 2013 study from UC San Diego](#), in agreement with numerous other studies, concluded that high rates of latent TB among resettled refugees presents a public health risk. Minnesota's [Star Tribune](#) writes, "Today four states – California, New York, Texas and Florida – have more than half the nation's active TB cases, though they have only a third of the country's population. These four states have the highest numbers of foreign-born residents."

Treating TB patients is [labor intensive](#). Patients must complete a course of drugs that lasts six months or longer. Treatment programs require a health care worker - not a family member – to administer the medication.

2. [Measles](#): The elimination of measles was documented in the U.S. in 2000. But in 2014, we experienced a record number of measles cases, with [667 cases from 27 states](#) reported to CDC's National Center for Immunization and Respiratory Diseases (NCIRD). Measles can spread when it reaches an area where groups of people are unvaccinated. In April of 2016, a measles outbreak originating from a Memphis TN mosque was reported by the [Shelby County Health Department](#).

3. [Whooping Cough](#): The CDC reports a dramatic increase in cases of whooping cough over the last 4 years - levels not seen in the U.S. since 1959.

4. [Mumps](#): According to the CDC, "mumps are no longer common in the U.S." But from Jan 2nd to September 10th of 2016, there were 1,897 reported cases of mumps, as compared to 229 cases in 2012.

5. [Scarlet Fever](#) was a leading cause of death among children in the early 20th century and was only a memory in medical history until recent years. [Public Health England](#) (PHE) reported

steep increases in scarlet fever notifications across England, with roughly 12,000 new cases last year. China reported over 100,000 cases and Hong Kong 5,000. There is currently no vaccine for scarlet fever, but it is now curable with prompt and appropriate antibiotic treatment in order to avoid complications.

6. [Bubonic Plague](#): Most believe this disease disappeared with the Middle Ages, but the plague has now emerged in the U.S. It is still commonplace in parts of Africa, Asia, and South America. The Center for Disease Control and Prevention said in an August report that it was seeing a [“higher than usual” number of cases of the plague](#). [16 cases of human plague were reported in America in 2015](#), with at least four of those patients dying of the disease.

“A number of other diseases, some of which are prevalent among foreign born residents of the United States and foreign visitors, also present a current problem, to varying degrees, including zika, flesh eating parasites—cutaneous leishmaniasis, Ebola, leprosy, intestinal parasites, HIV, scabies, and diphtheria.” -[Breitbart](#)

[Johns Hopkins School for Public Health](#) concludes, “Up to 75 percent of the 4.5 million U.S. farm workers and their families are undocumented immigrants. Thousands more are employed in slaughter plants and processing facilities that are part of our agricultural production system. Industrial food animal system workers face additional health threats through exposure to various bacteria and viruses, which can then be introduced into the communities where they live and work.”

Health activist [Mike Adams](#) writes, “The federal government's policies of allowing the mass migration of infectious disease-carrying people into the United States while transporting them to America's largest cities is a “perfect blueprint” for seeding a deadly pandemic.”

Have we forgotten the history of how America managed its last great surge of immigrants at [Ellis Island](#) in Upper New York Bay? In order to protect public health, immigrants were processed before entering the U.S. Those who failed the screening for disease were quarantined on the island. Many of the quarantined were not allowed to enter the U.S. and were sent back to their country of origin if they were well enough to travel. The remainder recovered at the Ellis Island Hospital in quarantine until their health status could be determined.

Today, for immigrants entering the U.S. legally, the mandated health screenings are approved by the American Embassy in their nation of origin before traveling.

The [U.S. State Department](#) establishes the regulations for refugee resettlement: *“If DHS approves your application for U.S. resettlement, you will be required to undergo medical screening conducted by the International Organization for Migration or a physician designated by the U.S. Embassy. The results of the exam may delay your travel if you are diagnosed with a disease or condition that must be treated prior to departure, such as tuberculosis. Following successful completion of your treatment, you will be able to proceed to the U.S. It is important that you answer questions truthfully during the medical exam so that the best possible placement decisions are made to ensure the availability of any medical treatment you may require in your resettlement location.”*

But statistics from the CDC, major university studies, and American healthcare practitioners document a very different outcome concerning refugees than the U.S. State Department’s scenario described above. According to [CDC guidelines](#), [refugees](#) are to have a thorough health screening, [30-90 days](#) AFTER arrival, when they have already settled in American communities.

The only compassionate, logical, and fair alternative is to enforce existing immigration law at our borders and strictly observe common sense public health policies. One of our government's primary delegated functions is to protect and secure the natural right to life for its citizens, and in this case, the first obligation is to safeguard America's public health.

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